

PART B - FEE(S) TRANSMITTAL

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AUG 31 2009

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26799 7590 08/20/2009
Tyco International LTD
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One Town Center Road
BOCA RATON, FL 33486
09/01/2009 HDESTAR 00000089 191346 10612750

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA
03 FC:8001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/612,750 07/02/2003 Franklin H. Valade JR. C4-1184 5548

TITLE OF INVENTION: SECURITY TAG HAVING A LINEAR CLAMP

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Leah C. Saar, Reg. No. 54417	(Depositor's name)
<i>Leah C. Saar</i>	(Signature)
Aug 26, 2009	
(Date)	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/20/2009					
EXAMINER		ART UNIT		CLASS-SUBCLASS							
MULLEN, THOMAS J		2612		340-572100							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Kacvinsky LLC										
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3 _____										

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sensormatic Electronics Corporation

Boca Raton, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1346 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Leah C. Saar

Typed or printed name

Date Aug 26, 2009

Registration No. 54,417

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<i>Leah</i>	
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